

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265482	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER River City Living Community		STREET ADDRESS, CITY, STATE, ZIP CODE 3038 West Truman Blvd Jefferson City, MO 65109	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, facility staff failed to implement their grievance protocol for one resident (Resident #1) when he/she reported a missing tablet and staff failed to provide the resident with written actions, responses and rationales to his/her concerns. The facility census was 51.1. Review of the facility's Grievance Protocol policy, undated, showed the purpose of the Grievance/Complaint Report and Grievance Log is to provide a written record of each resident and family concern and to ensure proper [NAME]-up through appropriate discipline. The Social Service Director is responsible for the program, although the administrator is ultimately responsible for the proper implementation of the program. Any member of the Social Services staff can complete the Grievance Compliant Report. The appropriate situations for the use of the Grievance Complaint Report are when resident articles that are lost or cannot be located, continual concern of lost resident items. This would include laundry concerns. The Social Service Director will obtain the original Grievance Complaint Report and forward a copy of the grievance to the appropriate discipline. 2. Review of Resident #1's quarterly Minimum Data Set (MDS), dated [DATE], a federally mandated assessment tool, showed staff assessed the resident as cognitively intact and admitted to the facility on [DATE]. Review of the facility grievance log, dated 01/16/26, showed staff documented the resident reported his/her tablet missing and staff were searching for the item. Review showed the facility did not have documentation a grievance form had been completed for the missing tablet and a copy was not provided to the resident or guardian. During an interview on 03/27/26 at 12:48 P.M., the resident said his/her tablet had been missing for a month or so. He/She said he/she reported the missing tablet to an unknown staff member. He/She said he/she had not been given a resolution to the missing tablet. During an interview on 03/26/26 at 2:44 P.M., the Social Service Director (SSD) said staff are directed to report any grievances to him/her or to direct residents to report their grievances directly to him/her. He/She said he/she did not consider a missing item as a grievance, so he/she did not complete a grievance form to be able to provide a copy to the resident. He/She said the resident's tablet was not found and had not been replaced. The SSD said the resident had not be provided with a resolution. He/She said he/she did not know a grievance was needed to be completed for a missing item. He/She said he/she was newer to the position and was possibly trained on the process, but did not recall. During an interview on 3/31/26 at 9:43 A.M., the administrator said the SSD was responsible for completing a grievance form provided to the resident and then provide the resident with a resolution within twenty-four hours. He/She said the resident's tablet had not been replaced. He/She said the resident should have had a resolution, but it slipped through the cracks. 2795138</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, facility staff failed to implement their abuse and neglect policy to investigate an allegation of misappropriation of property for one resident (Resident #1) out of three sampled residents who reported an item missing. The facility census was 51.1. Review of the facility's Investigation policy, dated 2017, showed every allegation of abuse, neglect, exploitation, mistreatment, injuries of unknown source and misappropriated resident property must be thoroughly investigated. Review showed;-Resident, employees, family members, visitors and others may be interviewed about their knowledge of events;-All health care workers are mandatory reporters of abuse, so it is important to gather and report all the information that you have about the event(s);-The results of the investigation must be reported to the Administrator and other officials, according to State law, and the State Survey Agency within five days of the incident.Review of the facility's Investigation policy, dated 2017, showed results of the investigation must be reported to the administrator and other officials, according to State law, and the State Survey Agency within five days of the incident. Every allegation of abuse, neglect, exploitation, mistreatment, injuries of unknown source and misappropriated resident property must be thoroughly investigated. 2. Review of Resident #1's quarterly Minimum Data Set (MDS), dated [DATE], a federally mandated assessment tool, showed staff assessed the resident as cognitively intact and admitted to the facility on [DATE].Review of the grievance log, dated 01/16/26, showed staff documented the resident reported his/her tablet was missing and staff were still searching for the item. Review of the resident's medical record, dated 01/01/26 through 01/31/26, did not contain documentation of an investigation for the missing tablet.During an interview on 03/27/26 at 12:48 P.M., the resident said his/her tablet had been missing for a month or so. He/She said he/she reported the missing tablet to an unknown staff member, but did not received a response to his/her grievance.During an interview on 3/31/26 at 9:43 A.M., the administrator said he/she did know about the resident was missing a tablet and staff searched for the item. He/She said he/she did interview staff if they knew about the resident's tablet but did not conduct a full investigation. He/She said he/she should have followed policy for misappropriation of property, but he/she thought the item would show up, since missing items typically do. He/She said he/she should have investigated the missing item, including interviewing other resident's. 2795138</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, facility staff failed to report an allegation of misappropriation of property for one resident (Resident #1) within twenty-four hours to the state agency Department of Health and Senior Services (DHSS). The facility census was 51.1. Review of the facility's Abuse and Neglect Reporting Instructions policy, undated, showed staff are directed to report immediately, no later than one hour of the event, because the Administrator or designee is required to report events of abuse to the DHHSS/[NAME] Abuse Hotline within two (2) hours of the vent occurring. It is critical to report the event within the regulatory time frames according to the State and Federal Regulations. Review showed the policy did not direct staff to report misappropriation of property within twenty-four hours. 2. Review of Resident #1's quarterly Minimum Data Set (MDS), dated [DATE], a federally mandated assessment tool, showed staff assessed the resident as cognitively intact and was admitted to the facility on [DATE].Review of the grievance log, dated 01/16/26, showed staff documented the resident reported his/her tablet missing and staff were searching for it. During an interview on 03/27/26 at 12:48 P.M., the resident said his/her tablet was missing. He/She said he/she reported the missing tablet to an unknown staff member.During an interview on 3/31/26 at 9:43 A.M., the administrator said staff are directed to report missing items to the Social Service Director or to him/her. He/She said he/she did not know he/she was required to report missing items to DHSS. He/She said staff typically locate the missing items, so he/she did not think about reporting missing items. 2795138</p>		